MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE 318 1003 1003 1004 1004 1004 1004 1004 1004							
DO NOT WRITE AMENDED ON THIS STUB				Registration District No. Primary Registration District No. 1003 Registrar's No. 1918 STATE FILE NUMBER			
VS 300	ااما	1	┨╌	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence between a COUNTY a. STATE MO b. COUNTY admission)			
Rev. 4/59	AMENDED		1-	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c, CITY Inside Limit	TS.		
	WE			TOWN St. Louis 35 yrs. OR TOWN St. Louis Yes & No			
1	n A			c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Fi			
2 21	I BAIE		-	NSTITUTION Missouri Baptist Hosp. Yes R No□ 2409 N. Vandeventer Yes □ No	宝		
3	2		1	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print)			
4 0			1-	RICHARD CHARLES SHEPARD DEATH Feb. 14, 1962 5. SEX 6. COLOR OR RACE 7. Married 12 Never Married 12 R. DATE OF BIRTH 9. AGE (lest birthday) 1F UNDER 1 YEAR 1F UNDER 1	14 UD		
5 ,					Min.		
	_		1	Os. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNT	(RY		
6	<u> </u>	11	1_	Leak Foreman Gas Company Trenton, Ill. U.S.A.			
7 /	AGE C			35. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE			
8 .	- : I I		17	Richard Shepard Emma Donaldson Helen Shepard 5. WAS DECEASED EVER IN U.S. ARMED FORCES? IA SOCIAL SECURITY NO. 17. INFORMANT Addition Vanilla	+-		
	€		(Yes, no, or unknown) (If yes, give war or dates of service No Mrs. Helen Shepard, St. Louis, Mo.			
10	Ĭ ¥	Į	_	18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	EEN		
	일일			IMMEDIATE CAUSE (a) Cerebral Vascular according Thronton 4 de	70		
11	الماك	DOCUMENT			•		
	INSTEAL		1	Conditions, if any, which gave rise to			
13		\perp		above cause (a), stating the underlying cause last. DUE TO (c) 332 X			
	5	11	ž	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female there a pregnancy in last 90	Wa-		
68			CAT	☐ Yes ☐ No ☐ Uni	_ <u> </u>		
į	AMENDMEN		CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
	YWEN		EDICAL	20c. TIME OF Hour Month, Day, Year INJURY e.m. p.m.			
BLACK INK OR RITER RIBBON			*	20d. INJURY OCCURRED WHILE AT WORK 100	řĒ ,		
A & E	READ			21. I attended the deceased from Feb. 11'62, to Feb. 14'62 and last saw him alive on Feb. 14'62			
VR.				Death occurred at			
USE BLACK OR TYPEWRITER	SHOULD	Ö		(Degree or title) 22b. ADDRESS 21c. 2 bar 2 les	GNED		
=			<u> </u>	St. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	<u> </u>		
	Ŏ.	AFFIDA	1	REMOVAL (Specify) 2-17-62 Caseyville Cemetery Caseyville, Illinois			
	ITEM N			4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S AIGNAY RE	_		
	E	}		John Kassly, E.St. Louis, Ill. FEB 15 1962 Can Smuth. 17. V	•		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is feco	rded on the reverse side of this certificate was embalmed by me,
or by & mba	rded on the reverse side of this certificate was embalmed by me,
working under my personal supervision.	•
StudentSignature of Student Embalmer	Signed John Massly III
	Licensed Embalmer No. 5039
	P. O. Address E. M. Sauis Pel

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.